

935

PLACE OF BIRTH
County of Dela
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 148 State Index No. 640
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 207
Local Registrar's No. _____

FULL NAME OF CHILD Carmen Loney { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } X

Sex of Child 7 { Twin, Triplet or other } 1 { and } { Number in order of birth } 1 { Legiti mate? } Y Date of Birth Apr 19 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Ramon Loney</u>	Full Maiden Name	<u>Superina Venitas</u>
Residence	<u>Miami</u>	Residence	<u>Miami</u>
Color or Race	<u>Mex</u>	Color or Race	<u>Mex</u>
Age at last Birthday	<u>29</u> (Years)	Age at last Birthday	<u>23</u> (Years)
Birthplace	<u>Mexico</u>	Birthplace	<u>Mexico</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>

Number of child of this mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of the above child; and that it occurred on Apr 19 1917, at 7:30 P.M.
(Signature) Reuben E. Trim M.D. (Attending physician, midwife, householder.*)
Address Miami
John H. Laey LOCAL REGISTRAR.
B. S. Joy COUNTY REGISTRAR.

Given or Christian name added from a supplemental report _____ 191____
379-419-252
COUNTY REGISTRAR.

Filed May 10 1917
Filed June 5 1917 A True Copy

OF MIDWIFE WITHIN EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.